

**FBMC**

Fringe Benefits Management Company

Tax Sheltered Annuity (TSA) Administrative Services

**CASH MATCH AGREEMENT**

Commonwealth of Virginia Department of Accounts

Please use this form to direct your Virginia Cash Match employer contribution  
to the participating provider company of your choice.  
Upon completion, return this form to your Payroll Administrator.

Date: \_\_\_\_\_

☐ New Enrollment Cash Match☐ Designate or Change Cash Match Providers

Provider Company \_\_\_\_\_ Effective Pay Date \_\_\_\_\_

Former Provider Company (if Applicable) \_\_\_\_\_ Amount \$ \_\_\_\_\_ /per pay

**Participant Information** Agency # \_\_\_\_\_ Agency Name \_\_\_\_\_

First Name	MI	Last Name	Social Security #
Home Address		City	State Zip
Birth Date	Hire Date	Home Phone	Work Phone

Employee Signature (if required) \_\_\_\_\_ Date \_\_\_\_\_

**Agency Certification** I certify the employee meets all Cash Match eligibility requirements effective (date) \_\_\_\_\_

Agency Payroll/Benefits Representative Signature \_\_\_\_\_

FBMC Representative \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_